

APPENDIX D

Hillsboro Landfill, Inc & Tualatin Valley Waste Recovery
3205 SE Minter Bridge Road
Hillsboro, OR 97123
PHONE: 503-640-9427 FAX: 503-648-3942
wmnorthwest.com/landfill

To:	Brad Murray	From:	Jeff O'Leary
Company:	Bones Construction	Date:	3/31/2008
Phone Number:		Pages:	3
Fax Number:	503-649-1717		
Re:		CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Letter from HL confirming tank destruction.



HILLSBORO LANDFILL

3205 SE Minter Bridge Rd.
Hillsboro, OR 97123
(503) 640-9427
(503) 648-3942 Fax

March 31, 2008

To whom it may concern:

On Friday March 28th 2008 Bones Construction delivered an 8,000 gallon fiberglass tank to Hillsboro Landfill. The tank was crushed at Hillsboro Landfill and disposed of in accordance with the requirements in Hillsboro Landfill's solid waste permit #112. If you have any questions regarding this issue please feel free to contact me at 503-640-9427 ext. 226.

Sincerely,
Hillsboro Landfill

A handwritten signature in black ink, appearing to read "Jeffrey O'Leary", is written over the typed name.

Jeffrey O'Leary
Environmental Specialist

Enclosure: Scale Ticket Receipt

From everyday collection to environmental protection, Think Green® Think Waste Management.



Hillsboro Landfill, Inc.
3205 SE Minter Bridge
Hillsboro, OR 97123
Ph: (503)-640-9487

Original
Ticket# 1133700

#323

Customer Name: BONESCONSTRUCTION
Ticket Date: 03/28/2008
Payment Type: Credit Account
Manual Ticket#
Hauling Ticket#
Route
State Waste Code
Manifest NR
Destination
PO
Profile 100901NA
Generator 100901NA (PCS)
168-ROEVER ROF Evergreen JV, LLC

Carrier BELFIELD SELF HAULED
Vehicle# 57
Container
Driver RON STARK
Check#
Billing # 0000033
San EPA ID

Grid

Gross 23400 lb
Tare 24200 lb
Net 5200 lb
Tons 2.50



WASTE MANAGEMENT

Consumer Comments: We want to know, please call.

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1. Cont. Soil Pst-Rcd	100	2.50	Tons	25.96	5.31	\$67.50	CLARK
2. EOL-Env Fee-LB	100	1	Load	4.00		\$4.00	CLARK



Total Tax \$5.31
Total Ticket \$76.81

Driver's Signature
JRM/WR

12 06

Matt Ekerson

From: Metro Recycling Information [MRI@metro.dst.or.us]
Sent: Thursday, March 27, 2008 3:47 PM
To: matt@bonesco.com
Subject: Fiberglass

Dear Mr. Ekerson:

Thank you for contacting Metro regarding possibilities to recycle fiberglass.

Metro's recycling information center keeps listings for over 400 different businesses and organizations that recycle various materials, but are not currently aware of any businesses in region that are able to accept fiberglass to be recycled.

Fiberglass is a composite of glass fibers and one of a number of polymer products that cannot be combined together or melted down to be reformed into another product.

If you have further questions, please contact us again by e-mail or by calling 503-234-3000.

Patrick Morgan
Recycling Information Specialist

Job #:	323
Job Name:	Evergreen
File To:	Corosp.
Description:	No Place to Recycle Fiberglass per METRO
Copies To:	

Underground Tank Decommissioning Certification

City of Vancouver Fire Marshal's Office

www.vanfire.org

Vancouver Development Review Services

www.cityofvancouver.us

Separate form required to be filled out for each tank

Permit #: DMO 2008-00037 Decommission date: March 27 Fire inspector initials: [Signature]

Tank located at: 13910 SE Mill Plain Rd.

Address

Describe location on the property (Example: 6 feet west of SW corner of house):

34 FT East of the NE corner of the Insurance Hangar Building

This is a Aviation Fuel tank with a capacity of 8,000 gallons
Type of combustible liquid

Check each section below

Report:	YES	NO	N/A
There is more than one underground tank being decommissioned on this site. (If yes, how many?)		X	
Tank was emptied and removed from the ground for disposal off site.	X		
Tank was emptied and then filled with an inert material		X	
The fill port and piping have been disconnected or removed	X		
There were indications of potential soil contamination	X		
The applicant/contractor will provide a soils analysis report to the County Health Department and to the property owner.*	X		
The homeowner has been advised to contact the County Health Department regarding a potential soil contamination.*	X		

* Current Clark County Health Department contact for soil contamination is Environmental Health Specialist Bryan Dedoncker - PHONE (360) 397-8153; FAX: (360) 759-7336; or email bryan.dedoncker@clark.wa.gov

If the work was completed by someone other than an experienced contractor, the responsible person shall fill out the report

I, Matt Ekerson, hereby affirm that the information contained in this report is

true and accurate [Signature] 3-27-08
Print name Signature date

Contractor's company name: Bones Construction

Company's mailing address: 3508 SW 209th Aloha, OR 97007

Phone (503) 649-5682 Fax (503) 649-1717 Email matt@bonesco.com

A copy of this report shall be provided to the City inspector.

A copy of this report shall be provided to the property owner.

Note to property owner: Insurance companies and/or mortgage companies usually require inspection and/or testing documentation where a site has had an underground storage tank. You should permanently retain this document and any soils analysis reports with the property.

CERTIFICATE OF DESTRUCTION

Company Name: BONES CONSTRUCTION

Address: 14515 SW BARROWS RD.
BEAVERTON, OR

Date of Pick up: 3/28/2008

Shipping Memo # (or Dispatch #): 1305041

Description of Items:

MISC. SCRAP FUEL PUMPS + EQUIPMENT,
From Evergreen Airport.
13910 SE Mill Plain Rd

Metro Metals NW, Inc. certifies that the described items above were (or will be) destroyed, rendering them useless for any other purpose than to recover scrap metal.

Method of Destruction:

SHRED/RECYCLE

Signature: [Signature]

Date: 3/28/2008

Title: BUYER



UNDERGROUND STORAGE TANK 30 DAY NOTICE

See back of form for instructions

Please check the appropriate box: ☐ Intent to Install ☒ Intent to Close ☐ Both

FOR OFFICE USE ONLY	
Site ID #:	_____
FS ID #:	_____
30 day notice requirement waived - Brett Manning Dept. of Ecology 360 407-6268 3/28/08	

Site Information

UBI Number _____

Site/Business Name _____

Site Address 13910 SE Mill Plain Blvd

City/State Vancouver, WA

Zip Code 98660 Telephone () _____

Owner Information

(This form will be returned to this address)

UST Owner/Operator ROF Evergreen JV, LLC

Mailing Address 1230 SW 1st Ave, Penthouse

City/State Portland, OR P.O. Box _____
Zip Code 97204 Telephone 503 546-2288

Tank Installation Company (if known). Fill out this section ONLY if tanks are being installed.

Service Company _____ Contact Name _____

Address _____ P.O. Box _____
City _____ State _____ Zip Code _____ Telephone () _____

Tank Permanent Closure Company (if known). Fill out this section ONLY if tanks are being closed.

Service Company BELFOR Environmental Contact Name Pam Brown

Address 12821 NE Airport Way P.O. Box _____
City Portland State OR Zip Code 97230 Telephone 503 408-7404

Tank Closure Information

Fill out this section ONLY if tanks are being closed.

Tank ID	Projected Closure Date	Tank Capacity	Substance Stored	Date Tank Last Used	Is There Product In the Tank (Yes/No)	If No, Date Tank Was Pumped
<u>1</u>	<u>3/23/08</u>	<u>8000</u>	<u>Aviation Fuel</u>	<u>Unknown</u>	<u>less than 10 gal.</u>	

Tank Installation Information

Fill out this section ONLY if tanks are being installed.

Tank ID	Approx. Install Date

To receive this document in an alternate format, contact the TOXICS CLEANUP PROGRAM at 360-407-7170 (VOICE) or 1-800-833-6388 or 711 (TTY).
ECY 020-06 (Rev. 01-06)



UNDERGROUND STORAGE TANK 30 DAY NOTICE

See back of form for instructions

FOR OFFICE USE ONLY

Site ID #: _____

FS ID #: _____

Please ✓ the appropriate box: ☐ Intent to Install ☒ Intent to Close ☐ Both

Site Information

UBI Number _____

Site/Business Name Evergreen Airport
Street

Site Address 13910 SE Mill Plain Blvd

City/State Vancouver, WA

Zip Code 98660 Telephone (____) _____

Owner Information

(This form will be returned to this address)

UST Owner/Operator ROF Evergreen JV, LLC

Mailing Address 1230 SW 1st Ave, Penthouse
Street

City/State Portland, OR
P.O. Box

Zip Code 97204 Telephone (503) 546-2288

Tank Installation Company (if known). Fill out this section ONLY if tanks are being installed.

Service Company _____ Contact Name _____

Address _____

Street P.O. Box

City State Zip Code Telephone (____) _____

Tank Permanent Closure Company (if known). Fill out this section ONLY if tanks are being closed.

Service Company BELFOR Environmental Contact Name Pam Brown

Address 12821 NE Airport Way

Street P.O. Box

City State Zip Code Telephone (503) 408-7404

Tank Closure Information

Fill out this section ONLY if tanks are being closed.

Tank ID	Projected Closure Date	Tank Capacity	Substance Stored	Date Tank Last Used	Is There Product In the Tank (Yes/No)	If No, Date Tank Was Pumped
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Tank Installation Information

Fill out this section ONLY if tanks are being installed.

Tank ID	Approx. Install Date



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

FOR OFFICE USE ONLY

Site #: _____

Facility Site ID #: _____

INSTRUCTIONS

When a release has not been confirmed and reported, this Site Check/Site Assessment Checklist must be completed and signed by a person certified by ICC or a Washington registered professional engineer who is competent, by means of examination, experience, or education, to perform site assessments. **The results of the site check or site assessment must be included with this checklist.** This form must be submitted to Ecology at the address shown below within 30 days after completion of the site check/site assessment.

SITE INFORMATION: Include the Ecology site ID number if the tanks are registered with Ecology. This number may be found on the tank owner's invoice or tank permit.

TANK INFORMATION: Please list all tanks for which the site check or site assessment is being conducted. Use the owner's tank ID numbers if available, and indicate tank capacity and substance stored.

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT: Please check the appropriate item.

CHECKLIST: Please initial each item in the appropriate box.

SITE ASSESSOR INFORMATION: This information must be signed by the registered site assessor who is responsible for conducting the site check/site assessment.

Underground Storage Tank Section
Department of Ecology
PO Box 47655
Olympia WA 98504-7655

SITE INFORMATION

Site ID Number (Available from Ecology if the tanks are registered): _____
Site/Business Name: Evergreen Airtnt
Site Address: 13910 SE Mill Plain Blvd Telephone: (____) _____
Vancouver WA 98660
City Street State Zip Code

TANK INFORMATION

Tank ID No.	Tank Capacity	Substance Stored
<u>1</u>	<u>8,000-gal</u>	<u>Aviation fuel</u>
_____	_____	_____
_____	_____	_____

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

- ☐ Investigate suspected release due to on-site environmental contamination.
- ☐ Investigate suspected release due to off-site environmental contamination.
- ☐ Extend temporary closure of UST system for more than 12 months.
- ☐ UST system undergoing change-in-service.
- ☒ UST system permanently closed with tank removed.
- ☐ Abandoned tank containing product.
- ☐ Required by Ecology or delegated agency for UST system closed before 12/22/88.
- ☐ Other (describe): _____

CHECKLIST

Each item of the following checklist shall be initiated by the person registered with the Department of Ecology whose signature appears below.

	YES	NO
1. The location of the UST site is shown on a vicinity map.	POB	
2. A brief summary of information obtained during the site inspection is provided. (see Section 3.2 in site assessment guidance)	POB	
3. A summary of UST system data is provided. (see Section 3.1.)	POB	
4. The soils characteristics at the UST site are described. (see Section 5.2)	POB	
5. Is there any apparent groundwater in the tank excavation?		POB
6. A brief description of the surrounding land use is provided. (see Section 3.1)	POB	
7. Information has been provided indicating the number and types of samples collected, methods used to collect and analyze the samples, and the name and address of the laboratory used to perform the analyses.	POB	
8. A sketch or sketches showing the following items is provided:	POB	
- location and ID number for all field samples collected	✓	
- groundwater samples distinguished from soil samples (if applicable)		✓
- samples collected from stockpiled excavated soil		✓
- tank and piping locations and limits of excavation pit	✓	
- adjacent structures and streets	✓	
- approximate locations of any on-site and nearby utilities	✓	
9. If sampling procedures different from those specified in the guidance were used, has justification for using these alternative sampling procedures been provided? (see Section 3.4)	NA	
10. A table is provided showing laboratory results for each sample collected including; sample ID number, constituents analyzed for and corresponding concentration, analytical method and detection limit for that method.	✓	
11. Any factors that may have compromised the quality of the data or validity of the results are described.	NA	
12. The results of this site check/site assessment indicate that a confirmed release of a regulated substance has occurred.		✓

SITE ASSESSOR INFORMATION

Pamela Brown
 Person registered with Ecology

Belfor Environmental
 Firm Affiliated with

Business Address: 12881 NE Airport Way
 Street

Portland
 City

OR
 State

Telephone: (503) 408-7404
 97230
 Zip Code

I hereby certify that I have been in responsible charge of performing the site check/site assessment described above. Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

5/27/08
Date

[Signature]
Signature of Person Registered with Ecology

If you need this publication in an alternate format, please contact Toxics Cleanup Program at (360) 407-7170. For persons with a speech or hearing impairment call 711 for relay service or 800-833-6388 for TTY.



UNDERGROUND STORAGE TANK Closure and Site Assessment Notice

See back of form for instructions

FOR OFFICE USE ONLY
Site ID #: _____
Facility Site ID #: _____

Please ✓ the appropriate box(es)

☐ Temporary Tank Closure ☐ Change-In-Service ☒ Permanent Tank Closure ☐ Site Check/Site Assessment

Site Information

Site ID Number _____
(Available from Ecology if the tanks are registered)

Site/Business Name _____

Site Address 13910 SE Mill Plain Blvd.

City/State Vancouver, WA

Zip Code 98660 Telephone (503) _____

Owners Signature _____

Owner Information

UST Owner/Operator ROF Evergreen JV, LLC

Mailing Address 1230 SW 1st. Ave.

City/State Portland, OR

Zip Code 97204 Telephone (503) 408-546-2788

Tank Closure/Change-In-Service Company

Service Company Belfor Environmental

Certified Supervisor Pamela Brown Decommissioning Certification No. _____

Supervisor's Signature [Signature] Date 5/07/08

Address 12821 NE Airport Way

City Portland State OR Zip Code 97230 Telephone (503) 408-7404

Site Check/Site Assessor

Certified Site Assessor Pamela Brown

Address 12821 NE Airport Way

City Portland State OR Zip Code 97230 Telephone (503) 408-7404

Tank Information

Tank ID	Closure Date	Closure Method	Tank Capacity	Substance Stored
<u>1</u>	<u>3/27/08</u>	<u>Removal</u>	<u>8,000</u>	<u>Aviation fuel</u>

Contamination Present at the Time of Closure

☐ Yes ☒ No ☐ Unknown
Check unknown if no obvious contamination was observed and sample results have not yet been received from analytical lab.

☐ Yes ☐ No
If contamination is present, has the release been reported to the appropriate regional office?

To receive this document in an alternative format, contact the Toxics Cleanup Program at 360-407-7170 (voice) or 1-800-833-6388 OR 711 (TTY)